

POSITION	NAME	ID NO.	DATE
FEE DETERMINATION	M.P.		6-21-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SH	1029	08/14/01
RESPONSE FORMALITY REVIEW		1030	08/14/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
1	10/1/01
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10	10/1/01
11	10/1/01
12	10/1/01
13	10/1/01
14	N
15	N
16	N
17	N
18	N
19	N
20	10/1/01
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If more than 150 claims or 10 actions
staple additional sheet here

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